## VOTER NOTIFICATION STUB THIS PORTION WILL BE RETURNED TO YOU BY YOUR COUNTY ELECTION BOARD

## Dear Applicant:

Your voter registration application has been received and is now being processed. After your registration has been approved we will mail to you a wallet sized Voter Identification Card showing the municipality, ward and/or election district of your residence.

	COUNTY BO	ARD OF EI	<b>ECTIONS</b>	- 1	
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	(COUNTY S	TAMP WILL APPEAR	HERE)		
				İ	
N THE REVERSE	IS PORTION UNTIL YOU HAVE SIDE OF THIS FORM. WRITE OR HANDPRINT USING		C	FOR OFFICIAL USE ity/Boro/Twp. of	
) Is This A: New R	legistration,  Change of Name,  ate employees who wish to retain	Change of Addre	ss. □ Change of I	Party	
) Print Your Full Nam	ne Here Duber nick	John	V	(3) <i>[7/7]</i>	282-2718
) Full Home Address	Last Name File 46 CAN AAN ST. (include APT. and Floor No	rst Name (No Nickn.	TALE 14 (5)	18407 (6) CA	one No. Chandale Cit
) County of Residence	ce LACTAWANN (8)				WNSHIP /
Place of Birth(state	Pero Indiana e, territory, or foreign country)		(10) Date of	Birth July 25	/Day/Year
1) Sex Male (1	2) Skin Color White (13) Hei	ght <u>6</u> (14	Hair Color 66	nd (15) Eye Color	blue
6) In Which Political	Party Do You Wish To Be Enrolled	Republican	_	Independer	17
	gistered To Vote Before? Yes	Democrat	. ☐ No affilia	tion (please specify)	
	he following information: (17a)		ation		
	t registration			nty	
	ast registration		(17e) Stat		de
8) Do You Require A	ssistance To Vote? Yes, State nature of disability	No K. Physical	Disability [],	Iliteracy	
	•				
GISTRATION DECLAR	I bereby deal	are that I am a citizen of the	United States, that on the	day of the next ensuing primary of	or election I shall
rmation provided herein is true ement, shall be subject to the	and shall have resided in the Commonwealth of Per and correct, and I fully understand that this applict same penalties for perjury as if I had been duly swo	tion will be accepted to	n district thirty days, that I purposes as the equivalen	am legally qualified to vote, that of an affidavit, and if it contain	t I affirm that the s a material false
	sine perialize for perjury as it i had been duly swo	rn.			
PENALTY FOR	FALSIFYING DECLARATION				
statement declared therein to	licial registration application card knowing any be false, he shall be guilty of perjury, and upon and to pay a fine not exceeding one thousand	(19)	1.2.11	Bulermon	
dollars (\$1,000), or be impriso	oned for a term not exceeding five (5) years, or court, in addition, sentence shall include loss of		your vi	Jucomo!	-
the right of suffrage absolute	ly for a term of ten (10) years.	(00) <b>V</b>	10 10	2 , 4	
		(20)	John V.	Deberman	
NOTARY (USE THIS SP/	CE ONLY FOR PERSON MAKING MARK)				
		(B	E SURE TO SIGN	BOTH LABELS ABOV	/E)
		(B	E SURE TO SIGN f unable to sign, s	BOTH LABELS ABOV ee direction number	3.
	ess of person assisting in completio	1	E SURE TO SIGN f unable to sign, s ohn V Bube	ee direction number	(E) 3.

Lackawanna County Court House Postage North Washington Avenue Scranton, PA 18503 (717) 961-6737 (23) NOTE: Complete To Be Affixed the card at RIGHT: By County Print clearly your full name and address. POSTMASTER: The County Board of **RETURN WITHIN 3 DAYS** Elections should return this card to you IF NOT DELIVERABLE AT DO NOT in ten days. If not ADDRESS GIVEN. DETACH DO NOT FORWARD returned, you should contact your County NAME John V. Bubernat ADDRESS 46 CAN AAR ST POST OFFICE CACBANDALE PA ZIP CODE 1840 DO NOT DETACH SEAL HERE SEAL HERE DIRECTIONS FOR FORM COMPLETION AND GENERAL INSTRUCTIONS 1. Be sure to complete numbers (1)-(23) where applicable. 2. If you will require assistance in voting, complete number (18). 3. You must sign your name in ink on the two spaces provided [numbers (19) and (20)] at the bottom of the other side of this form. If you are unable to sign this application for registration, you are required to make your mark and have it witnessed by an official who can administer oaths. (Notary Public, District Justice, etc.) 4. If anyone assists you in the completion of this form, they must sign their name and address on the space provided [number (22)]. 5. Be sure to complete the address portion [number (23)] located above these instructions. 6. This application must be received by your county board of elections at least 30 days before the election at which you wish to vote. 7. You are eligible to vote if you have been a citizen of the United States for at least one month, a resident of Pennsylvania, your county, and the election district for at least thirty days before the election and you will be 18 years old on or before the day after the election at which you wish 8. If you are currently registered and you have not moved or failed to vote at least once during the last two calendar years, you do not have to 9. If you choose not to register by mail, you have the right to register in person at your county board of elections. 10. If you wish to participate in the primary election of a political party, then you must register in a political party by checking the appropriate block in number (16). A change in party enrollment may be made by checking the appropriate block in number (1). 11. The top portion of this form labeled "Voter Notification Stub" should be self addressed by you and will be mailed back to you, non-forwardable, by your county board of elections. If you do not receive the voter notification stub back within ten days from the date your application is sent, you should contact your county board of elections. 12. Voter registration is not complete until this application card has been processed and accepted by the county board of elections and you have received your Voters Identification Card. 13. You are warned that the making of a false registration or the furnishing of false information is perjury, punishable by a fine of \$1,000 and/or five years imprisonment, plus the loss of voting rights for ten years. 14. If you are a Federal or State employee and you wish to retain voting residence in the county where you last resided, check the appropriate block. Be sure to place your current mailing address in (23) above these instructions.

NO POSTAGE **NECESSARY** IF MAILED IN THE UNITED STATES -

BUSINESS REPLY

PERMIT NO. 3058

MAIL HARRISBURG, PA

POSTAGE WILL BE PAID BY ADDRESSEE

SECRETARY OF THE COMMONWEALTH

% Voter Registration Office **Lackawanna County Court House** North Washington Avenue Scranton, PA 18503



TO SEAL

TO SEAL